

INVOICE COVER LETTER TEMPLATE

(Date)

CA Department of Health Services  
Cancer Detection Section  
Contract Analyst:  
MS 7203  
P.O. Box 997413  
Sacramento, CA 95899-7413

Contract Number: 06-XXXXX  
Term of contract: March 1, 2007 through June 30, 2010  
Invoice Number: XXXXX  
Period of Invoice: March 1, 2007 through March 30, 2007

Enclosed for your review:

Invoice # \_\_\_\_\_ in the amount of \$\_\_\_\_\_

This invoice is for services rendered pursuant to the terms and conditions established in the above referenced contract.

Please make all payments to: (input address)

Sincerely,

(Name of Authorized Representative)  
(Title of Authorized Representative)

Enclosure